



APPLICATION FOR FLORIDA BIRTH RECORD
Alachua County Health Department
P.O. Box 5849 • Gainesville, FL 32627-5849
Phone: (352) 334-7970
Fax: (352) 955-6428

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide a copy of a **valid photo identification**. If applicant is not one of the above, the Affidavit to Release a Birth Certificate must be completed by an authorized person and submitted in addition to this application form. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card.**

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|---|----------|-----|------|--------|---------------|-------------------|--|--------|
| (Registrant's) FULL NAME AT BIRTH | FIRST | | | MIDDLE | | LAST | | SUFFIX |
| If name was changed Since birth, indicate New name. | FIRST | | | MIDDLE | | LAST | | SUFFIX |
| PLACE OF BIRTH FLORIDA | HOSPITAL | | | CITY | | COUNTY (REQUIRED) | | |
| DATE OF BIRTH | MONTH | DAY | YEAR | AGE | | SEX | | |
| MOTHERS MAIDEN NAME | FIRST | | | MIDDLE | LAST (MAIDEN) | | | SUFFIX |
| FATHER'S NAME | FIRST | | | MIDDLE | LAST | | | SUFFIX |

IMPORTANT: Read the entire application before completing

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|--|--|----------|---|-----------------|
| The \$15.00 fee entitles the applicant to one computer certification of a registered birth (1930 to present) | \$15.00 | X | = | \$ |
| Additional copies of the same type certification ordered above are \$7.00 each, when ordered with this request. | \$7.00 | X | = | \$ |
| TOTAL AMOUNT ENCLOSED: | | | | \$ |
| PAYMENT TYPE: (DO NOT SEND CASH) | | | | |
| Money order (MAIL ORDERS) | Make payable to Alachua County Health Department | | | |
| Credit Card* (MAIL OR FAX ORDERS) | TYPE | NUMBER | | EXPIRATION DATE |
| *Please also include a legible photocopy of the credit card | | | | |

| | | | | | | | |
|----------------------------|-----------------------------|--|--------|--|----------|--|--------|
| Applicant's Name | FIRST | | MIDDLE | | LAST | | SUFFIX |
| RELATIONSHIP TO REGISTRANT | SIGNATURE OF APPLICANT | | | | | | |
| HOME PHONE NUMBER | RESIDENCE ADDRESS (AND APT) | | | | | | |
| WORK PHONE NUMBER | CITY | | STATE | | ZIP CODE | | |